

TAXI CAB DRIVERS LICENSE APPLICATION

FEE: \$33.00

□ NEW □ F	RENEWAL										
		VALID WISCO	ONSIN DR	RIVER'S LI	CENSE R	EQUIF	RED				
** PLEASE PRIN	IT CLEARLY **	Email address:									
Drivers License	e or I.D.#	DL State		Date of Birth			Phor	ne No.			
							()	-		
Male □	First Name		Middle	dle Name		Last Name					
Female □											
Street Address	;		<u>.</u>	City	·			State	Zip		
Name of Business (Where are you using this license?)					Street Address of Business						
·	R been convicted	_			Federal L Wisconsi Laws of A Ordinanc Other : Ve, you	n State ANY ot es AN	e Law her S YWHE	rs? tate? ERE?	☐ Yes [☐ Yes [☐ Yes [□ No □ No □ No	
3. Have you EVER been on Supervision or Probation?								☐ Yes ☐ No			
4. Have you EVER changed your name?									☐ Yes ☐ No		
If yes, list	other names you	ı have had:									
-	CRIMINAL charge rered YES to #			-	-	of this	s forr	n	☐Yes	□No	
	ised that the Po nitted, incomplete	•			•					•	
		<u>A</u>	PPLICAN	IT'S STATI	<u>EMENT</u>						
consideration of	that the answers the granting of tl de of Ordinances	his license, to	comply w	vith the lav							
Signature					_ [Date _	/				
Mail or bring completed form with payment Licensing, City of Eau Claire PO Box 909 203 S. Farwell St. Eau Claire WI 54702-0909 Email: licensing@eauclairewi.gov Phone: 715-839-4923				nt to:	Tran Code: Office use conot write in t	Fee: \$33.00 (non-refundable					
08/19 5.54	cc PD:	Lic #				ble)					

LIST ALL PAST VIOLATIONS Date __/__/__ Nature of Offense Date __/__/_ Nature of Offense

Date __/__/__ Nature of Offense_____

Date /_ /__ Nature of Offense_____

Date __/_ /__ Nature of Offense_____

Date ___/___ Nature of Offense______

Date __/__/ Nature of Charge ______ Date __/__/ Nature of Charge _____ Date __/__/ Nature of Charge _____ Date __/__/ Nature of Charge _____ Date __/__/ Nature of Charge ______

STAFF USE ONLY
COMMENTS:
POLICE DEPARTMENT COMMENTS:
POLICE DEPARTMENT APPROVAL:

Revised 08/2019